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CONFIRMATION NO. 5600

<b>SERIAL NUMBER</b> 10/715,871	<b>FILING OR 371(c) DATE</b> 11/17/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> 103419-0003
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## APPLICANTS

John M. Epley, Portland, OR;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/188,564 07/03/2002 PAT 6,800,062

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

02/12/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 5
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## ADDRESS

35940

## TITLE

Head-stabilized medical apparatus, system and methodology

<b>FILING FEE RECEIVED</b> 550	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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